



CS 1/26

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
BROWN STILL	Jennifer	Lynn	503 946 8341
MAILING ADDRESS (Street)			FAX
3108 NW LURAY Terrace #			503 946 8342
(City)	(State)	(Zip Code)	
PORTLAND	OR	97210	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
SEPRACOR Inc			800 331 6802
MAILING ADDRESS (Street)			FAX
84 WATERFORD DRIVE			
(City)	(State)	(Zip Code)	
Marlborough	MA	01752	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
SEPRACOR Inc			800 331 6802
MAILING ADDRESS (Street)			FAX
84 WATERFORD DRIVE			
(City)	(State)	(Zip Code)	
MARLBOROUGH	MA	01752	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
MARK WANDA			800 331 6802
MAILING ADDRESS (Street)			FAX
84 WATERFORD DRIVE			
(City)	(State)	(Zip Code)	
MARLBOROUGH	MA	01752	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

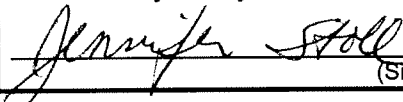
Planning, Land & Water
Use Management

Other: (indicate below)

Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

1-8-07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Sepracor Inc.

NAME OF ORGANIZATION (if applicable)

TELEPHONE

84 Waterford Drive

508-481-6700

MAILING ADDRESS (Street)

FAX

Marlboro

MA

01752

(City)

(State)

(Zip Code)

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1/18/07

(Date)